

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001361

1. Entity Name
MILO THOMAS FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**13623 N FLORIDA AVE., BLDG 2
TAMPA, FL 33613**

Mailing Address
**13623 N FLORIDA AVE., BLDG 2
TAMPA, FL 33613**



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1033178

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, MILO
14153 U.S. 41 SOUTH
BROOKSVILLE, FL 34610**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**THOMAS, MILO
14153 U.S. 41 SOUTH
BROOKSVILLE, FL 34610**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BAKER, W. KENDALL
13623 N FLORIDA AVE
TAMPA, FL 33613**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**FUENTES, LAWRENCE E
1407 WEST BUSCH BOULEVARD
TAMPA, FL 33612**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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CITY - ST - ZIP

000000582067
01/11/07-80017-013 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *W. K. Baker, Gen Partner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/09/07

Date

813 961 0530

Daytime Phone #

STAPLE CHECK HERE